

**VANDERBILT UNIVERSITY MEDICAL CENTER
DIVISION OF TRAUMA AND SURGICAL CRITICAL CARE**

TICU SICK PATIENT PRACTICE GUIDELINES

PRINCIPLE: Aggressive management and resuscitation of critically ill patients can improve outcome. Having the proper equipment and personnel available on arrival to the TICU is important to maximize efficiency and enhance survival.

INDICATIONS: All patients who require resuscitation due to severe perfusion deficits (lactic acidosis, high base deficit, ongoing blood loss, etc), whether from the Emergency Department or the operating room.

- **PROTOCOL:** If any of the above indications are present, the Trauma Attending or Resident will notify the TICU to activate the "Sick Patient Protocol". Personnel to be notified and present include the TICU Fellow and the Respiratory Therapist.
 - Equipment to have available at the bedside:
 - Line cart
 - Edwards Vigilence (Continuous Cardiac Output)
 - Transducers and connectors for arterial pressure and pulmonary artery catheters
 - Siemens' (Servo-I with humidifier attached) ventilator
 - Bair Hugger
 - Rapid Infuser (LEVEL ONE)
 - Warm blankets for torso and head / Bair Hugger
 - Extra suction connectors
 - LABS per TICU Admission Lab Protocol plus Type and Crossmatch sample
 - Have the patient's blood products available from the blood bank
 - Consider MTP
 - All connections to Simon available
 - Foley Catheter Insertion Tray
 - (To be placed only by those trained in sterile technique)
 - Change foley within 24° of admission if placed at OSH or unsure of sterile technique.